

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000056623

FILED
Jan 13, 2007
Secretary of State

Entity Name: MELVIN WILCOX CARPENTRY, CORP.

Current Principal Place of Business:

PO BOX 823841
PEMBROKE PINES, FL 33082

New Principal Place of Business:

20421 SHERIDAN STREET
LOT C-1
FT. LAUDREDALE, FL 33332

Current Mailing Address:

PO BOX 823841
PEMBROKE PINES, FL 33082

New Mailing Address:

FEI Number: 25-5940768 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AQUILINO, JULIANA
3961 N. FEDERAL HWY
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILCOX, MELVIN
Address: P.O. BOX 823841
City-St-Zip: PEMBROKE PINES, FL 33082

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: O () Change (X) Addition
Name: WILCOX, PAMELA
Address: P.O. BOX 823841
City-St-Zip: PEMBROKE PINES, FL 33082

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA WILCOX

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01/13/2007

Electronic Signature of Signing Officer or Director

Date